

APPLICANT NAME \_\_\_\_\_

# COBB COUNTY DEPARTMENT OF PUBLIC SAFETY



## CANDIDATE INFORMATION PACKET (CIP)

DATE & TIME RETURNED \_\_\_\_\_ POSITION APPLIED FOR \_\_\_\_\_  
(to be completed by IA)

# IMPORTANT INSTRUCTIONS

This application is not an offer or contract for employment. The completion of this candidate packet or any other instrument does not stand as an agreement or promise to hire you. Any statement to the contrary by any employee not in writing is void. All information written in this candidate packet will be used only to determine suitability and qualifications of the applicant for employment reasons. Any printed material in this applicant packet is subject to revision without notice. This Candidate Information Packet is part of your application for employment.

Please fill in and print the PDF form or print in your own handwriting in black ink only. Should you make an entry in error, mark through it and initial and then make a new entry. Complete the entire packet answering all questions, explaining where necessary. If more space is needed, use the continuation page in the back of this booklet. All responses must be truthful.

No part of this booklet may be reproduced without the express consent of the Cobb County Director of Public Safety. Information you provide will be subject to confirmation by administrative investigation, computer data bases, polygraph and other forms of verification.

## **Keep All Pages of This Booklet in Numerical Order**

**After completing this packet, follow the instructions contained within the initial email that was previously sent to you concerning when and where to turn in this packet. This email contained several attachments that included the Candidate Information Packet (CIP), Release Forms, Applicant Instructions, etc.**

## SUPPORTIVE DOCUMENTS

**Gather & Hold ALL applicable supportive documents. Should you be called for an interview with an investigator, bring ALL copies (no originals) and give them to the investigator.**

Drivers License  
Social Security Card  
Birth or Naturalization Certificate  
Dept. of Defense Form DD214 (*former military*)  
Court Order(s) (*Divorce Decree (s), Name Change (s), etc.*)  
Bankruptcy Discharges (*must list debtors*)  
Diploma(s)- High School / GED, College, etc.

Copies of State Certifications / Licenses Pertinent to the Position Applied for  
(*EMT, Paramedic, Police Mandate, EMD, Firefighter Certification etc.*)

POST Entrance Exam Results (*Police Officer Applicants Only*)  
(*SAT, ACT, CPE, ASSET, COMPASS, ACCUPLACER*)

Initials \_\_\_\_\_

# **A WORD ABOUT YOUR**

## **BACKGROUND INVESTIGATION**

WHY IS A BACKGROUND INVESTIGATION NECESSARY? The general public expects Public Safety employees to be of good character and reputation, fit to serve their needs. To facilitate this public demand and the requirements of law, a confirmation of certain personal and work-related information is accomplished for each applicant. This investigation is not intended to discover derogatory information about you, but to confirm your suitability for a certain job. Not all positions require the same suitability. Data is gathered from various automated information sources as well as personal interviews with references. Information you provide as well as information the investigation reveals, is **STRICTLY CONFIDENTIAL** and will not be released to unauthorized persons except as required by law.

Should you have a question regarding your employment process, contact your assigned Background Investigator or the Internal Affairs Office (770-528-3812) if you have not been contacted by an investigator.

We trust your application process will be a rewarding experience! Thank you for your interest in Cobb County Government.

It is the responsibility of each applicant to notify the Cobb County Department of Public Safety, Internal Affairs, of any and all changes in information which has been entered in the packet by the applicant.

By affixing your signature to the “Oath of Affirmation” page, you agree to keep Cobb County Department of Public Safety, Internal Affairs informed of any and all changes to the information you have entered or otherwise provided either verbally or written. This includes but is not limited to arrests or criminal/traffic charges, job terminations, changes in financial status, civil litigations, illegal drug use, residence, telephone numbers or other information.

Your notification to this department of changes in information can be made in person, telephone or in writing but only to a member of the Internal Affairs staff.

**Failure to: follow instructions, complete this packet in its entirety, sign & notarize, and / or submit this packet as instructed, may result in your removal from the hiring process. You are also required to initial each page in the lower left portion of every page.**

# **PERSONAL INFORMATION**

***TYPED is Preferred - If Handwritten, Use Black Ink***

--

Position for which you are applying

--

Today's Date

I learned of this position via ☐ Newspaper Ad ☐ Internet ☐ Employee ☐ Radio/TV

☐ Recruiter ☐ Self-Inquiry ☐ Job Fair ☐ Cobb County Website ☐ Other\_\_\_\_\_

## **NAME**

--	--	--	--

LAST

FIRST

FULL MIDDLE

SUFFIX

## **ADDRESS** *(No PO Box - Must Have Your Actual Physical Address)*

--	--	--

STREET #

STREET NAME

APT NUMBER

--	--	--	--

CITY

COUNTY/PARISH

STATE

ZIP CODE

## **SOCIAL SECURITY NUMBER**

## **DATE OF BIRTH** (MM/DAY/YEAR)

--	--

## **PLACE OF BIRTH**

--	--	--	--

CITY

COUNTY

STATE

COUNTRY

## **TELEPHONE CONTACT NUMBERS** (INCLUDE AREA CODES)

	Work #	
	Cell #	

RESIDENCE

WORK **&** CELL

EMAIL ADDRESS

The best time to reach you at home is between \_\_\_\_\_

\* May we contact you at work? ☐ Yes ☐ No ☐ Please check with me first

Have you ever applied with Cobb County Public Safety before? ☐ Yes ☐ No

If "Yes", approximate date you applied → \_\_\_\_\_

Are you a U. S. Citizen? ☐ Yes ☐ No

Initials \_\_\_\_\_

## EDUCATION & TRAINING

*You must provide proof of all education claimed*

NOTE: The minimum education required for jobs within Public Safety is a High School Diploma or State Certified GED.

In the space provided, list the requested information regarding your education.  
Do not list military schools or trade schools.

NAME OF SCHOOL High School, College, Etc	CITY AND STATE	YEARS COMPLETED	DIPLOMA /DEGREE COURSE OF STUDY	YEAR GRADUATED

In the space provided, list professional, trade or vocational schools you attended. Do not list military schools.

NAME OF SCHOOL/ INSTITUTION	CITY AND STATE	YEAR (S) ATTENDED	CERTIFICATION OR DIPLOMA

In the space provided, list all military schools you attended that are applicable to the position for which you have applied with Cobb County. Attaching certificates is not necessary.

COURSE TITLE	LENGTH OF COURSE	CERTIFICATION RECEIVED

Initials \_\_\_\_\_

# **SPECIAL CERTIFICATIONS**

Below, list all **state-issued** certifications you now hold, i.e. Peace Officer, EMT, Paramedic, EMD, Fire Fighter, Corrections Officer, etc.

<b>CERTIFICATION TITLE</b>	<b>CERTIFICATION NUMBER</b>	<b>DATE OF CERTIFICATION</b>	<b>ISSUING STATE</b>

Have you ever had a certification suspended or revoked?

☐ Yes ☐ No If "Yes", explain the circumstances:

---

---

---

---

---

While working under a state-issued certification, have you ever been suspended or fired?

☐ Yes ☐ No If "Yes", explain the circumstances:

---

---

---

---

---

While working under a state certification, have you ever been a party in a law suit?

☐ Yes ☐ No If "Yes", explain the details:

---

---

---

---

---

**AWARDS** – List any special awards you received from employers, civic groups, clubs or organizations:

---

---

---

---

---

Initials \_\_\_\_\_

# RESIDENCE HISTORY

Beginning with your current place of residence and working back; list all addresses at which you have resided within the past seven (7) years.

NO.	FROM (Mo/Yr) TO (Mo/Yr)	STREET ADDRESS	CITY/STATE/ZIP
Now			
2			
3			
4			
5			
6			
7			

In the blocks below, list the names of the local law enforcement agencies which has/had jurisdiction where you lived for the past three (3) residences. Use the corresponding residence numbers above.

NO.	NAME OF LAW ENFORCEMENT AGENCY
Now	
2	
3	

Will the record reflect that you have had contact with any law enforcement official for an official reason within the past ten (10) years? ☐ Yes ☐ No If so, explain: ***(Do not include traffic violations)***

---

---

---

---

---

---

---

---

Initials \_\_\_\_\_

# **FAMILY HISTORY**

**MARITAL STATUS:** ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

**SPOUSE**

--

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Maiden Name</b>
------------------	-------------------	--------------------	--------------------

--

<b>Date of Birth (Mo/Day/Year)</b>	<b>Occupation</b>	<b>Contact Phone</b>
------------------------------------	-------------------	----------------------

Provide the following information for each member of your immediate family. Include parents, step-parents, parents-in-law, children, (natural, step, adopted), siblings (blood, step and half). Do not list deceased members. LIST SPOUSE ABOVE. Use continuation page if necessary.

RELATIONSHIP	NAME (First, MI, Last)	PHONE	AGE

Ex-Spouse Information: If you were a part of a marriage which was dissolved, please provide the following information.

EX-SPOUSE	DATE OF DIVORCE	COURT OF RECORD (City/Co. State)

Initials \_\_\_\_\_

## **NEIGHBORHOOD REFERENCES**

In the space provided, give the names, addresses and phone numbers of two of your closest and current neighbors.

<b>NAME</b>	<b>ADDRESS</b>	<b>DAYTIME PHONE &amp; EMAIL</b>

## **PERSONAL REFERENCES**

In the space provided, list three personal references. Please list persons who would be easily reached by phone during business hours. You must have known the reference personally for three years. These people will be asked to appraise your character, judgment, honesty, personality and other qualities. References must not be relatives, former employers or supervisors

<b>NAME</b>	<b>CITY AND STATE</b>	<b>PHONE &amp; EMAIL</b>	<b>WORK PHONE &amp; EMAIL</b>

## **CO-WORKERS REFERENCES**

Below, list the names and phone numbers of three present or former co-workers. These persons must not be supervisors or relatives. Cobb County Background Investigators will ask them to appraise your character as stated above.

<b>NAME</b>	<b>EMAIL</b>	<b>PHONE</b> (Best contact number)

Initials \_\_\_\_\_

# WORK HISTORY

Provide the following information about your past and current employer (s). Start with your current or most recent employer. **IMPORTANT:** Cobb County will verify your work history through existing records. List **all** full time, part time and temporary jobs you have held within the past seven (7) years. List **all** periods of **unemployment** during that same period. List a single military enlistment or service as one job.

## START WITH THE CURRENT OR MOST RECENT EMPLOYER

EMPLOYER	DATES EMPLOYED FROM:	ON THE 3 LINES BELOW, SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE / EMAIL	TO:	
ADDRESS(Include City/State/Zip)	STARTING SALARY	
STARTING/FINAL JOB TITLE	\$ PER	
IMMEDIATE SUPERVISOR	ENDING SALARY	<input type="checkbox"/> <b>FULL TIME</b> <input type="checkbox"/> <b>PART TIME</b> <input type="checkbox"/> <b>TEMPORARY</b>
REASON FOR LEAVING	\$ PER	<b>MAY WE CONTACT FOR REFERENCE?</b>  <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>LATER</b>

EMPLOYER	DATES EMPLOYED FROM:	ON THE 3 LINES BELOW, SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE / EMAIL	TO:	
ADDRESS(Include City/State/Zip)	STARTING SALARY	
STARTING/FINAL JOB TITLE	\$ PER	
IMMEDIATE SUPERVISOR	ENDING SALARY	<input type="checkbox"/> <b>FULL TIME</b> <input type="checkbox"/> <b>PART TIME</b> <input type="checkbox"/> <b>TEMPORARY</b>
REASON FOR LEAVING	\$ PER	<b>MAY WE CONTACT FOR REFERENCE?</b>  <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>LATER</b>

Initials \_\_\_\_\_

## WORK HISTORY CONTINUED

EMPLOYER	DATES EMPLOYED FROM:	ON THE 3 LINES BELOW, SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE / EMAIL	TO:	
ADDRESS(Include City/State/Zip)	STARTING SALARY	
STARTING/FINAL JOB TITLE	\$ PER	
IMMEDIATE SUPERVISOR	ENDING SALARY	<input type="checkbox"/> <b>FULL TIME</b> <input type="checkbox"/> <b>PART TIME</b> <input type="checkbox"/> <b>TEMPORARY</b>
REASON FOR LEAVING	\$ PER	<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>LATER</b>

EMPLOYER	DATES EMPLOYED FROM:	ON THE 3 LINES BELOW, SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE / EMAIL	TO:	
ADDRESS(Include City/State/Zip)	STARTING SALARY	
STARTING/FINAL JOB TITLE	\$ PER	
IMMEDIATE SUPERVISOR	ENDING SALARY	<input type="checkbox"/> <b>FULL TIME</b> <input type="checkbox"/> <b>PART TIME</b> <input type="checkbox"/> <b>TEMPORARY</b>
REASON FOR LEAVING	\$ PER	<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>LATER</b>

EMPLOYER	DATES EMPLOYED FROM:	ON THE 3 LINES BELOW, SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE / EMAIL	TO:	
ADDRESS(Include City/State/Zip)	STARTING SALARY	
STARTING/FINAL JOB TITLE	\$ PER	
IMMEDIATE SUPERVISOR	ENDING SALARY	<input type="checkbox"/> <b>FULL TIME</b> <input type="checkbox"/> <b>PART TIME</b> <input type="checkbox"/> <b>TEMPORARY</b>
REASON FOR LEAVING	\$ PER	<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>LATER</b>

Initials \_\_\_\_\_

## WORK HISTORY CONTINUED

EMPLOYER	DATES EMPLOYED FROM:	ON THE 3 LINES BELOW, SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE / EMAIL	TO:	
ADDRESS(Include City/State/Zip)	STARTING SALARY	
STARTING/FINAL JOB TITLE	\$ PER	
IMMEDIATE SUPERVISOR	ENDING SALARY	<input type="checkbox"/> <b>FULL TIME</b> <input type="checkbox"/> <b>PART TIME</b> <input type="checkbox"/> <b>TEMPORARY</b>
REASON FOR LEAVING	\$ PER	<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>LATER</b>

EMPLOYER	DATES EMPLOYED FROM:	ON THE 3 LINES BELOW, SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE / EMAIL	TO:	
ADDRESS(Include City/State/Zip)	STARTING SALARY	
STARTING/FINAL JOB TITLE	\$ PER	
IMMEDIATE SUPERVISOR	ENDING SALARY	<input type="checkbox"/> <b>FULL TIME</b> <input type="checkbox"/> <b>PART TIME</b> <input type="checkbox"/> <b>TEMPORARY</b>
REASON FOR LEAVING	\$ PER	<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>LATER</b>

EMPLOYER	DATES EMPLOYED FROM:	ON THE 3 LINES BELOW, SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE / EMAIL	TO:	
ADDRESS(Include City/State/Zip)	STARTING SALARY	
STARTING/FINAL JOB TITLE	\$ PER	
IMMEDIATE SUPERVISOR	ENDING SALARY	<input type="checkbox"/> <b>FULL TIME</b> <input type="checkbox"/> <b>PART TIME</b> <input type="checkbox"/> <b>TEMPORARY</b>
REASON FOR LEAVING	\$ PER	<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>LATER</b>

Initials \_\_\_\_\_

# MILITARY HISTORY

**IF YOU ARE NOW IN THE MILITARY (ACTIVE DUTY, RESERVES, OR NATIONAL GUARD), YOU MUST SUBMIT A LETTER OF GOOD STANDING FROM YOUR PERSONNEL OFFICE.**

**DD214(s) ARE REQUIRED FOR ALL PERIODS OF ACTIVE DUTY SERVICE**

- ☐ I have never enlisted in the U.S. or a foreign military service.  
(If you never served in the military, you may skip this section)
- ☐ I am now in the active military service. My scheduled discharge date is:

- ☐ I am now an active member of a Reserve or National Guard component.

Name of Unit \_\_\_\_\_

Mailing Address \_\_\_\_\_

Your Title/Assignment \_\_\_\_\_

- ☐ I have served in the following United States Military component (s).

FROM – TO (Date)	BRANCH (Army, Air Force, Coast Guard, Navy, Marines, etc.)	ACTIVE RESERVE NAT. GUARD	HIGHEST RANK HELD	TYPE DISCHARGE

- ☐ I have served in the military service of a nation other than the United States.

FROM - TO	BRANCH	COUNTRY	HIGHEST RANK	TYPE DISCHARGE

If you were **ever** punished under the Uniform Code of Military Justice (summary or general court martial, Article 15, Captain's Mast, Office Hours, Page Eleven Deck Court, company punishment) or any other punishment, list the number of times and explain the details of each. *Use the continuation form if necessary.*

- ☐ I never received punishment. ☐ I received UCMJ punishment as explained below.

Initials \_\_\_\_\_

# ARREST RECORD

IF YOU HAVE AN ARREST RECORD, YOU MUST PROVIDE COPIES OF COURT DOCUMENTS

If you have **ever** been physically arrested, indicted or charged with a criminal offense, provide all requested information; regardless if you were found guilty or the charges were dismissed.

- ☐ I have never been arrested, indicted or charged with a criminal offense.  
☐ My arrest or criminal charges record is indicated below.

ARREST DATE	CHARGE	ARREST LOCATION CITY/COUNTY/STATE	DISPOSITION (Guilty/ Not Guilty/Paid Fine/Nolle/Etc.)

Please answer the following questions:

I have been questioned by the civilian (not military) police about my suspected involvement in a criminal investigation. ☐ Yes ☐ No

If "Yes", explain:

---

---

---

I have been questioned by the military police about my suspected involvement in a criminal investigation. ☐ Yes ☐ No

If "Yes", explain:

---

---

---

Has there **ever** been a warrant issued for your arrest? ☐ Yes ☐ No

If "Yes", explain:

---

---

---

Have you **ever** been on probation or parole? ☐ Yes ☐ No

If "Yes", explain:

---

---

---

Have you **ever** been sentenced to "Community Service"? ☐ Yes ☐ No

If "Yes", explain:

---

---

---

Initials \_\_\_\_\_

# ILLEGAL DRUGS & SUBSTANCES

## **IMPORTANT**

Take time to read this section before making any entries. Your entries must be truthful.

It is a fact some individuals experiment with drugs or substances in their lifetime. In the spaces provided, list all illegal or controlled substances or drugs you have ever tried, used or experimented with in your entire lifetime.

Definition: *Illegal Drugs/Substances*: Any pill, fluid, gas, propellant, liquid, powder, crystal or any other form of substance which has been or is considered as an illegal and/or dangerous drug or controlled substance. DO NOT LIST ALCOHOL

☐ I have never used an illegal drug/substance.

☐ I have tried the drugs/substances listed below.

DRUG TYPE OR NAME	NUMBER OF USAGES	DATE OR AGE OF VERY LAST USE

## **PARTICIPATION IN ILLEGAL DRUG DISTRIBUTION**

List any and all illegal drugs or substances you have ever sold, given away or distributed to any person or group by any method.

☐ I have **never** been involved in drug sales/distribution.

☐ I have given away the following drugs in my lifetime.

☐ I have sold the following drugs in my lifetime.

DRUG NAME/TYPE	DISTRIBUTED HOW MANY TIMES	VERY LAST TIME DISTRIBUTED

1- Will the record reflect that you have ever been held or detained for questioning regarding any illegal drug activity? ☐ Yes ☐ No

2- Are you willing to undergo drug screening? ☐ Yes ☐ No

Initials \_\_\_\_\_

# **DRIVER'S HISTORY**

This section pertains to your personal driving history. Please provide all requested information.

DRIVER'S LICENSE ☐ I do not have a valid driver's license  
☐ I have a valid driver's license as follows:

STATE OF ISSUE	CLASS	LICENSE NUMBER	EXPIRATION DATE

## PREVIOUS LICENSE (S)

☐ I have never been issued a driver's license from an authority other than above.

☐ I have been issued driver's licenses/permits from other authorities as listed below.

List all previously issued driver's license/permits. Include license (s) issued by foreign governments or military license. Use the continuation page at the end of this packet if needed.

STATE OR ISSUING AUTHORITY	LICENSE NUMBER	YEAR ISSUED

## TRAFFIC CITATIONS

In the space provided, list **all** traffic citations you have been issued. Do not include parking violations. In the last block, list what license you held at the time, i.e. Georgia, Virginia, etc. Use the continuation page at the end of this packet, if needed.

APPROXIMATE ISSUE DATE	VIOLATION	CITY/STATE ISSUED (OR ISSUING AGENCY)	DISPOSITION (fine, not guilty, etc)	*STATE OF LICENSE

**\* License that the citation was charged to.**

Initials \_\_\_\_\_

## DRIVER'S HISTORY CONTINUED

Do you now have any outstanding (unpaid) parking citations issued by any law enforcement agency, including school campus authorities? ☐ Yes ☐ No

If "Yes", how many and where issued?

---

---

---

In the space provided, list **all accidents** in which you were involved while operating a motor vehicle. **This means entire lifetime.** Use the continuation page at the end of this packet, if needed.

APPROXIMATE DATE	LOCATION	INJURIES (Y/N)	AT FAULT (Y/N)	CITED (Y/N)	ON DUTY (Y/N)

Have you ever struck a person/vehicle/object with an auto and failed to stop? ☐ Yes ☐ No

If "Yes", explain

---

---

Have you ever been involved in an accident while driving your employer's vehicle? ☐ Yes ☐ No

If "Yes", explain

---

---

Have you ever received a traffic citation while operating your employer's vehicle? ☐ Yes ☐ No

If "Yes", explain

---

---

Are you now or have been a party in a law suit resulting from an auto accident you allegedly caused?

☐ Yes ☐ No

If "Yes", explain

---

---

Have you ever received a "Safe Driver" award? ☐ Yes ☐ No

Initials \_\_\_\_\_

## GENERAL

**PUBLIC SAFETY** jobs often require employees to perform special tasks. Please indicate below, if you will be able to perform the tasks of:

POSITION	TASK	YES	NO
ALL	Work shifts, nights, holidays, weekends, overtime and on-call and if required, 24-hour shifts?		
ALL	Wear a regulation uniform or assigned career clothing, equipment and badge?		
POLICE	Carry a firearm and/or other weapon?		
ALL	Conform to personal appearance standards?		

Will you require any special equipment or accommodations to assist you in working the position for which you have applied? ☐ Yes ☐ No

If you believe you will need special equipment or accommodations to assist you in working your new job, what is needed?

---

---

---

---

---

**SPECIAL TOOLS AND EQUIPMENT:** List below, all special tools and/or equipment you can operate which are applicable to the position for which you have applied.

---

---

---

---

---

---

---

---

Initials \_\_\_\_\_

**CONTINUATION PAGE**

In the space provided, write any continued or additional information you like.

<b>FROM PAGE NO.</b>	<b>SECTION TITLE</b>	<b>ADDITIONAL INFORMATION</b>

# OATH OF AFFIRMATION

**IMPORTANT: Read Carefully!**

## NOTICE TO APPLICANT

*Georgia Criminal Code 16-10-71, "False Swearing", a felony punishable by a maximum fine of \$1,000 plus imprisonment for not less than one nor more than five years or both.*

## AFFIDAVIT

)(  
)

Having been advised of the penalty of O.C.G.A. 16-10-71 (State of Georgia, County of Cobb), False Swearing and being a lawful applicant for a position with Cobb County Department of Public Safety, I attest to confirm that any and all entries I have made in this booklet are true and correct to the best of my knowledge and belief. I agree to keep the Department informed of any and all changes to the information I have entered in this booklet.

I understand that any untruthful or misleading statement I make may result in my being rejected from hiring consideration and/or prosecution for False Swearing.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT/AFFIANT

\_\_\_\_\_  
NOTARY PUBLIC (SEAL)

Initials \_\_\_\_\_